



California
Department of
Health Services

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TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, MEDICAL CONSULTANTS, AND STATE
CHILDREN'S MEDICAL SERVICES (CMS) BRANCH STAFF

SUBJECT: DELEGATION OF AUTHORITY TO AUTHORIZE EARLY AND PERIODIC
SCREENING, DIAGNOSIS, AND TREATMENT SUPPLEMENTAL
SERVICES (EPSDT SS) TO COUNTY CCS PROGRAMS AND CMS
REGIONAL OFFICES

PURPOSE

The purpose of this numbered letter is to provide policy and procedures for the review and authorization of services that are not within the scope of regular benefits of the Medi-Cal program for CCS/Medi-Cal, CCS-Only, and CCS/Healthy Families (HF) clients. These services require authorization as EPSDT SS for CCS clients who are full scope, no share of cost Medi-Cal beneficiaries, and as CCS benefits for CCS-only and CCS/HF clients. Hereinafter, these benefits, without regard to funding source, will be described as EPSDT SS.

BACKGROUND

EPSDT SS are defined as those services that are beyond the scope of the benefits of the Medi-Cal program, but which must be available to Medi-Cal beneficiaries under the age of 21 regardless of whether or not the services are available to all other Medi-Cal beneficiaries. Authorization of most EPSDT SS has been centralized at the CMS Branch since the EPSDT SS concept was established in the mid-1990's. Providers of EPSDT SS services must be enrolled as Medi-Cal providers. They include:

- Physicians, hospital outpatient clinics, CCS Special Care Centers, etc. for which the requested services are within the provider's scope of practice.

- Other health care professionals who are members of the healing arts professions, described in the Business and Professions Code, as long as the requested services are within the provider's scope of practice. Examples of these professionals include registered dietitians, registered nurses, marriage and family therapists and licensed clinical social workers. These providers can become enrolled as EPSDT SS Medi-Cal providers and are issued Medi-Cal provider numbers beginning in "EPS."

POLICY

- A. Effective the date of this letter, authority for review and authorize of services, that are either not Medi-Cal benefits or are required to be provided at frequencies that exceed the frequency limitations of the Medi-Cal program, for CCS clients is delegated to the independent county CCS programs, CMS Branch Regional Offices, and dependent county CCS programs participating in Level III of the Case Management Improvement Project (CMIP). Exceptions to this delegation include:
 1. Cochlear implants
 2. Medical foods
 3. Ketogenic diets
 4. Weight management programs
 5. Investigational services
 6. New treatment modalities
 7. New medical procedures
- B. CCS programs in counties in which a County Organized Health System (COHS) with carved in CCS services is the Medi-Cal managed care contractor shall continue to function under their current agreement with the health plan on the authorization of EPSDT SS for CCS clients who are COHS enrollees.
- C. The requested service:
 1. Must be medically necessary to treat the CCS client's eligible medical condition.
 2. Must not be a Medi-Cal benefit or must be required to be provided at frequencies that exceed the frequency limitations of the Medi-Cal program.
 3. Must be requested or prescribed by a CCS paneled physician.
 4. Must be provided by a CCS approved provider, if appropriate.
 5. Must be provided by a provider who is enrolled as a Medi-Cal provider or who is eligible for enrollment by Medi-Cal as an "EPS" provider.

IMPLEMENTATION

- A. Prior to authorizing a service as an EPSDT SS, CCS county program or CMS Branch Regional Office case management staff shall:
 1. Verify that the requested service is not a Medi-Cal benefit or that it must be provided at a frequency that exceeds the frequency limitations of the Medi-Cal program. The scope of Medi-Cal benefits can be determined by checking the following references:
 - The Medi-Cal provider manual at www.medi-cal.ca.gov; or
 - The Medi-Cal procedure master file.
 2. Verify that the provider of service has provided medical documentation of the medical necessity for the service and has completed any required supporting documentation, such as:
 - A Requests for Non-Conventional Hearing Aids and Assistive Listening Devices.
 - A Medical Nutrition Assessment.
 3. Verify that the request and/or prescription is from a CCS approved provider.
 4. Submit requests for non-delegated services to the CMS Branch for review and approval. Submissions to the Branch must include the following:
 - An EPSDT SS Worksheet (Attached)
 - documentation of medical necessity for the services
 - Completed supporting documentation, if appropriate
 - Prescription from a CCS paneled physician, if appropriate
 - Documentation that the provider of the service, if not already a Medi-Cal provider or not eligible to become a regular Medi-Cal provider, meets the criteria to become enrolled by Medi-Cal as an "EPS" provider,

Such requests should be submitted by FAX to the CMS Branch at:

Main FAX number:	(916) 327-1144
FAX for cochlear implants:	(916) 327-1010

B. Denials

1. When a service, considered to be an EPSDT SS, is denied by the CCS program for a client who is a full scope, no share of cost Medi-Cal beneficiary, the denial shall be sent on behalf of both the Medi-Cal program and the CCS program. The EPSDT SS NOA includes the right for the CCS client/applicant who is a Medi-Cal beneficiary to directly request a Fair Hearing.
2. Any request that is considered for denial shall be discussed with the county CCS program medical consultant who shall seek consultation with the CMS Regional Office medical consultant before issuing a denial. When there is agreement that the request should be denied, a NOA is sent, in accordance with CCS regulations. Please refer to Attachment 3 for the format and the required specific language for an EPSDT NOA. The citations listed should be included in the NOA, as well as any other section that would be applicable to the requested service.

A copy of the NOA is sent to the requesting provider, prescribing physician (if different), the Regional Office Medical Consultant and the State CMS Branch.

3. Examples of EPSDT SS denials that may require an NOA include:
 - a. The item or services is requested for the treatment of the CCS eligible but is not medically necessary.
 - b. There is no documentation of medical necessity.
 - c. The requested services are duplication of other provided services.
 - d. The item or service is not within the provider's scope of practice.

If you have any questions regarding this numbered letter or EPSDT SS, please contact the CMS Branch EPSDT SS consultant or your CMS Branch Regional Office medical consultant.

Original Signed by Marian Dalsey, M.D., M.P.H.

Marian Dalsey, M.D., M.P.H., Acting Chief
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Attachments

1. EPSDT SS Worksheet
2. EPSDT SS Worksheet instructions
3. Template Notice of Action (NOA) and First Level Appeal Decision